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FILE NAME: ALLE0039-100

DATE: June 16, 2006

FILE #: 166233

RECIPIENT(S)	EXAMINER	FAX
U.S. Patent Office	TONGE, Larkia J.	571-273-8300

Docket No. 17637(BOT) ALLE0039-100

In re application of: Eric R. First

Serial No.: 10/731,973

Filed: December 9, 2003

For: Botulinum Toxin Therapy For Skin Disorders

Group Art Unit: 1645

Confirmation No.: 6433

Attached please find:

- Transmittal Form (1 page)
- Fee Transmittal (2 pages)
- Notice of Appeal (2 pages)
- Petition for (1-mo) extension of time (2 pages)

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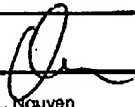
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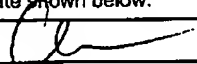
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/731,973
	Filing Date	December 9, 2003 RECEIVED
	First Named Inventor	Eric R. First CENTRAL FAX CENTER
	Art Unit	1645 JUN 16 2006
	Examiner Name	Lakia J. Tongue
Total Number of Pages in This Submission	Attorney Docket Number	17637(BOT) ALLE0039-100

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
Signature			
Printed Name	Quan L. Nguyen		
Date	June 16, 2006	Reg. No.	46,957

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Quan L. Nguyen	Date	June 16, 2006

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FEE TRANSMITTAL for FY 2006		Complete if Known		
		Application Number	10/731,973	
		Filing Date	December 9, 2003	
		First Named Inventor	Eric J. First	
		Examiner Name	Lakia J. Tongue	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1645	
TOTAL AMOUNT OF PAYMENT (\$)		620.00	Attorney Docket No.	17637(BOT) ALLE0039-100

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :
☒ Deposit Account Deposit Account Number: 50-1275 Deposit Account Name: Cozen O'Connor
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee(\$)
_____ -20 or HP= _____	x _____	= _____
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee(\$)
_____ - 3 or HP= _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

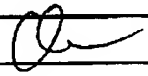
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Petition for one month Extension of Time	120
Other (e.g., late filing surcharge): Notice of Appeal	500

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	46,957	Telephone	215-665-2158
Name (Print/Type)	Quan L. Nguyen	Date	June 16, 2006		

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